



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	\$ 650	Attorney Docket No.	ANI-002 PCT
-------------------------	--------	---------------------	-------------

### METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account Deposit Account Number: _____				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		52	26
Each independent claim over 3 (including Reissues)		220	110
Multiple dependent claims		390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20.						

  

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)				
Filing RCE				405.00
Other (e.g., late filing surcharge):	Submission of an Information Disclosure Statement			180.00

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	24,435	Telephone	(908) 337 7662
Name (Print/Type)	Richard I. Samuel			Date	2/03/10

02/25/2010 CCHAU1 00000033 10567622

180.00 OP

03 FC:1806



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 11/588,537

Attorney Docket No.: ANI-001CIP

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on February 23, 2010  
Date

Signature

Richard I. Samuel

Typed or printed name of person signing Certificate

24,435 908 337 7662  
Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. This Certificate of Mailing (1 page);
2. Amendment in Response to Final Office Action (10 pages);
3. Information Disclosure Statement and IDS (PTO/SB/08a) (2 pages);
4. One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
5. Fee Transmittal (1 page);
6. Check in the amount of \$650.00; and
7. Return Receipt Post-card.
8. RCE (1 page)